

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90260 014 ***150.00

DOCUMENT # S86866

1. Entity Name
BAREFOOT TRADERS BEACH SHOP, INC.

Principal Place of Business
5340D GULF DRIVE
HOLMES BEACH FL 34217

Mailing Address
5336 GULF DRIVE
HOLMES BEACH FL 34217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

5336 Gulf Drive

Suite, Apt. #, etc.

City & State
Holmes Beach, FL

City & State

Zip

34217

Country

Zip

Country

4. FEI Number **65-0290690**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

5336 DUYTSCHAUER, SHAWN
5340D GULF DR
HOLMES BCH FL 34217

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PV
DUYTSCHAUER, SHAWN M.
5340D GULF DR
HOLMES BCH FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PV
DUYTSCHAUER, SHAWN M ☒ Change ☐ Addition
5336 Gulf Drive
Holmes Beach, FL 34217

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DTS
SCOTT, LINDA L
5340 D GULF DRIVE
BRADENTON BEACH FL 34217 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DTS
SCOTT, LINDA L ☒ Change ☐ Addition
5336 Gulf Dr
HOLMES BEACH, FL 34217

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shawn D. DUYTSCHAUER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01

Date

941-778-1628

Daytime Phone #

CR2E034 (10/00)